

# Recovery WORKS

**Laura K. Nelson, M.D.**

Deputy Director, Division of Behavioral Health Services (DBHS)  
Chief Medical Officer, Arizona Department of Health Services (ADHS)



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## Success Story: Life Within the Mental Health System

My name is Ken C. I am 45 years old. I was diagnosed with Schizophrenia (Paranoia) when I was 40 years old. I attempted suicide, the very next day I checked into Palo Verde Mental Health Center. About 2 days passed and then I got a visit from a lady from SAMHC [Behavioral Health Services]. She interviewed me for about one hour and then let me know that I had Schizophrenia. About three or four psychiatrists confirmed this over a period of two weeks.

I also had a problem with drinking so they had me go to a rehab center. Over the next year I was at the rehab center, I was going to La Frontera [Center] for my mental health side. At first there was frustration, such as the medication wasn't working right and I got turned down for Social Security Disability my first time. Shortly after that the medication started to work and I got Social Security Disability the second time. My case manager helped me with all the paperwork. If it wasn't for her, I would have never got SSD. I would also like to thank my

psychiatrist for trying the various medications until they started working. Of course I'd be lying if I said I only had one case manager and one psychiatrist over the last 5.5 years. I have actually had about 4 or 5 case managers and 3 or 4 psychiatrists. The turnover ratio is very high with these jobs.

After moving out of the rehab center I moved into an assisted living program called SLS and I'm very grateful for them over the next 2 years. They helped me out considerably.

I still have my ups and downs of my illness. I know I will be on medication a long time (maybe my whole life) but in general I am doing much better than when I started!

Over the last several months I have been able to start working part time at a restaurant called Café 54 and I have joined a place called Our Place Clubhouse, where I have met others with the same illness as mine so I am able to start making friends. I am most grateful for the mental health system in Tucson for helping me to change my life!

## Division of Behavioral Health Services is offering a free Brown Bag Training Series—Strengthening your Knowledge

- ◆ Stress Reduction 8/9/10 12:00—1:00PM State Lab Dome
- ◆ ADDIE Model of Curriculum Development 8/19/10 11:30—12:30 215A
- ◆ Mental Health: Everyone Has It (Even at Work) 8/16/10 11:30-12:30 215A
- ◆ Tribal Involuntary Commitment Process—ARS 12-136 8/24/10 12:00-1:00 215A

RSVP: [DBHSTRAINING@AZDHS.GOV](mailto:DBHSTRAINING@AZDHS.GOV)

## Success Story: KaJ-Willow Kaemmerer Appointed Vice Chair of Mayor's Commission on Disability Issues (MCDI)

*"I've made the behavioral health and advocacy fields my life's work. On and off of Disability, in and out of recovery—throughout it all I've worked hard to keep my focus on knowing that I am much more than my illness."* – KaJ-Willow Kaemmerer

Phoenix Mayor Phil Gordon recently appointed Ms. Kaemmerer to the Vice Chairperson of MCDI for the coming year. The MCDI serves as an advisory body to the Mayor and the City Council on all issues that impact people with disabilities in the City of Phoenix. They welcome concerns and

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## Success Story: KaJ-Willow Kaemmerer (cont.)

visits from citizens, and meetings are open to the public.

Prior to this appointment, Ms. Kaemmerer initially was appointed to MCDI in 2004. She was a member of the Phoenix Transportation & Access committee, eventually serving as their Vice Chair. There, she advocated for the needs of individuals with disabilities related to community transportation and access issues. In 2006, she received an award from the Mental Health Awareness Coalition for outstanding service to the mental health community regarding this and other advocacy work. Ms. Kaemmerer brings to this position a wealth of knowledge and her own experience with living and having a disability.

“I have probably had 7-8 hospitalizations since 1972, leaving AMA (Against Medical Advice) at least twice. I have been jailed twice (for a day or two until I got back on medications) and homeless for a week (sleeping in my car ½ block from the police station for protection.) Today, I have steadily worked for eight years at my behavioral health agency, uninterrupted, in recovery. I have done my work as a RSS (Recovery Support Specialist) at my agency connecting with folks in six different behavioral health programs weekly. Last October, after many years of functioning as a peer, I enrolled in a peer support training through the Recovery Empowerment Network (REN) agency and finally put all my life experience- disability, school, advocacy, family, recovery, together under one rubric. I share my recovery experiences where it may take hold as hope for folks similarly situated and working on their recovery path. I find it really helps people who need to make critical choices regarding self-determination, independence, and mental health concerns to hear and see someone who is actually doing it and being successful. Peer relationships are very empowering; people are more apt to say yes, I want to do this, despite the challenges.” – *Kaj-Willow Kaemmerer*



## Maricopa County Clinics Transition

A number of direct care clinics within the Maricopa County behavioral health-care system are consolidating due to significant reductions in state funding and the resulting reduction in services for individuals experiencing a serious mental illness who are ineligible (meaning non-Title XIX) for AHCCCS. This reduction means fewer visits to the clinics to see case managers, therapists and other team members whose services are no longer part of the benefit for the non-Title XIX individuals served by the system. With so many people no longer accessing the clinics at the same capacity, it's not feasible to operate as many care centers. These consolidations will enable the behavioral health-care system to maximize the use of available taxpayer support and direct as many dollars to service as possible.

As a result, the clinic system is restructuring to provide the best possible care for the people served by the system. The clinics selected to merge were chosen because they are located near each other. This means services will remain accessible to clients. Over the next several months, the following clinics will consolidate:

- Park North Clinic into Townley Clinic (August)
- Glendale Clinic into Osborn Clinic (August)
- East Mesa Clinic and Gateway Clinic into a new site of equal distance between the two (September)
- Thomas Road Clinic into Arcadia Clinic (September)
- Cave Creek Clinic into Saguaro Clinic (October/November)
- 1300 N. Central Clinic into East Phoenix Clinic (November/December).

Clients served by the impacted clinics will receive notification of the changes before the consolidations occur and will be invited to informational meetings. To learn more about the time line and the locations of the clinics, view a [map](#) of the new system structure.

## Provider Highlight: Arizona Behavioral Health Leadership in Services Award

Ken Curry of Southwest Behavioral Health Services graciously accepted the award for Leadership in Services last month at the Summer Institute in Sedona, Arizona. Each year The Center for Applied Behavioral Health Policy recognizes someone in our community for their significant contributions to behavioral health care in Arizona. Mr. Curry has had a profound and positive impact on our behavioral health community. Mr. Curry currently serves as the administrator for the Projects for Assistance in Transition from Homelessness (PATH) homeless outreach program in Maricopa County. He leads a dynamic team of individuals who are dedicated to ending homelessness and helping individuals achieve a higher quality of life, including stable housing. This award recognizes his inspiration and commitment to help our most vulnerable citizens – those with no place to sleep at night who are experiencing mental illness.

## Highlights from the Summer Institute

ASU's Center for Applied Behavioral Health Policy held its 11<sup>th</sup> Annual Summer Institute this past June. ADHS/DBHS staff, providers, and community stakeholders exchanged knowledge and information, participated in and facilitated formal presentations, and developed new partnerships.

The theme this year, *Key Components for Creating Comprehensive Systems of Care: Prevention to Recovery*, was designed to highlight the interconnectedness of our work to mend the impact of undetected and often untreated or under-treated substance use disorders and mental illness.

Below are some of the highlights.

**From Poverty to Wholeness, One Life at a Time:** This workshop was a presentation by the non-profit organization the Open Table. This organization helps communities (often churches) wrap around an individual or family in an effort to move them from homelessness to productive members of the community. Their focus is on a new collaboration with the jails in Maricopa County and they make an effort to reach out to the

behavioral health community.

**The Addiction and Trauma Connection: Spirals of Recovery and Healing – Part 1:** This workshop was presented by Dr. Stephanie Covington from the Institute for Relational Development/Center for Gender and Justice. Dr. Covington's workshop focused on the association of trauma and addiction and bringing that relationship into women's treatment programs. She identified some interesting differences in the history of women's trauma. She pointed out the relational differences to a woman's traumatic experience; which is likely to be connected to someone she knows and has said "I love you to", vs. a man's; which is more likely to be related to someone he doesn't know or doesn't like. She also spoke of the vastly different needs in the healing process between men and women, including the need to take women beyond just cognitive therapy for the most effective change. The model she used for the workshop was taken from her *Beyond Trauma* curriculum.

**The Development and Utilization of Program Outcome Measures for Con-**

**tinuous Quality Improvement-Part 1:**

This workshop was put on by Linda Gersten of Ventura County Behavioral Health. The focus of the workshop was appropriate for providers and useful for clinical programs. It emphasized the subjective nature of the definition of "evidence based practice" and the need for solid operational definitions for effective clinical outcome measures. Linda emphasized the importance of engaging clinical staff in the development of outcome measures and their interpretation.

**Building a Culture of Efficiency:** A panel including ADHS, Cenpatico, CPSA, NAR-BHA and Magellan representatives discussed the progress and accomplishments of the last year's projects which have led to efficiencies within organizations, the Division of Behavioral Health Services, and throughout the behavioral health system. Following the presentation, the audience was invited to comment and question the panel. The discussion was useful in information sharing, and those interested were encouraged to join in the process by visiting the Efficiency Committee website.

## How can psychiatrist and Peers partner to address medication side effects and increase healthy lifestyles?

An Arizona Dialogue was facilitated at the 11<sup>th</sup> Annual Summer Institute in June on the topic of psychiatrists and peers partnering to address medication side effects and increasing healthy lifestyles. The purpose of an Arizona Dialogue is to allow different groups of individuals to share their perspectives and to learn from each other in an open, accepting,

non-intimidating environment. Dialoguing and sharing perspectives is often the first step to successful partnerships, overcoming stigma, and creating meaningful change. Thirty Peers, Family Members and Psychiatrists dialogued on the varied challenges the behavioral health system faces in encouraging Peers to take responsibility for their health. Peers expressed a desire to be

viewed as "partners" in choosing medications and the dosage level that best fits their needs. The Doctors shared their frustration with system barriers such as the amount of time allocated for appointments and working with PCP's. Several of the Peer run agencies shared about the success they are having in helping Individuals feel empowered in working (continued on page 4)



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*On August 10, visit [www.TogetherRxAccessOnline.com](http://www.TogetherRxAccessOnline.com) to access  
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(continued from page 3) with their doctors by asking questions and explaining side effects. James Russo, CEO of North Phoenix Visions of Hope, discussed the establishment of a new whole health program within his agency. He has already witnessed major successes through the program, including successful weight loss, increase in exercise, and healthier eating habits of the program participants. Program participants have also achieved a significant reduction in diabetic medication.

The Dialoguers agreed on the importance to establish communication between Primary Care Physicians (PCPs) and Psychiatrists. Psychiatrists discussed their desire to treat individuals as a “whole person” and not just a diagnosis, but expressed frustration around the stigma they face when working with PCPs.

As a result, Magellan’s Chief Medical Officer offered to help recruit AHCCCS doctors and psychiatrists for an Arizona Dialogue. The dialoguers share the hope that the dialogue will enable all the Doctors to share differing perspective thus opening the door to establish a stronger partnership in treating individuals with a mental illness.

The Arizona Dialogue between Psychiatrists and PCP’s will be videotaped and will be made available on the ADHS website. More information to come as the movement is afoot!

#### **Coming up – Trauma Informed Care Summit**

On September 16th, 2010 ADHS/DBHS invites **Elizabeth Hudson, LCSW**

Elizabeth Hudson is employed by the University of Wisconsin, Department of Psychiatry and serves as a consultant to Wisconsin’s Department of Health Services where she leads efforts to integrate trauma-informed care into a wide-range of Wisconsin’s human service settings. Elizabeth has worked in the field of trauma prevention and treatment for 20 years as an advocate, clinician, supervisor, and administrator. This event will be invite only and attendees will be selected based upon availability and commitment levels.